DRAFT Minutes of Governor's Electronic Health Records Task Force
Subcommittee #3 - EHR in Hospitals and Institutions

August 2, 2005
Via conference call

Members:
Christopher Bailey, Chair*
Bertram Reese*
J. Goodlett McDaniel*
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Margaret A. Cornett*
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Patrick Finnerty
Brenda Moore*
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Others:
Shirley Travis, GMU*

* Indicates those participating

Agenda

I.   National health care IT context

 The plethora of current federal legislation related to electronic medical records was referenced, as well as the focus on interoperability or linkages among such systems. Among the issues in debate nationally has been the pros and cons of having some subset of electronic medical record data for all patients accessible to authorized users beyond direct care providers and, of course, patients themselves – either at the regional or national level. In a recent presentation, David Brailer, National Coordinator for Health Information Technology at the Department of Health and Human Services, articulated two key benefits for such access: 1) public health protection – e.g., early detection of pandemics or bioterrorist events; and 2) improved monitoring and correction of unintentional negative consequences of medical technologies – e.g., recent evidence of risk associated with Viox use among some patients. The impression left by Dr. Brailer is that privacy issues will always be central, but the value in terms of public health and quality improvement that is derived from real-time accessibility to medical data from large populations is proving persuasive for many federal policy makers.

II.   Hospital IT Survey Results

Chris Bailey reviewed the results from Virginia hospitals to a recent survey on health care information technology (*see attached report*). Subcommittee members agreed with

the observation that these results reflected more rapid and widespread adoption of electronic medical records within hospitals than many expected, but – not surprisingly – less progress on linkages with entities external to the hospital. The data presented compared health care IT adoption and barriers among Virginia hospitals, with sub-categories related to hospital size. Before moving forward with applying these results to potential recommendations, the subcommittee asked for additional analyses of the hospital results along three dimensions:

- System vs. independent hospitals
- Regionally
- And VA results vs. other states

These additional evaluations will be done by VHHA and reported back at either the Aug. 16 or 30 subcommittee meeting.

III.   <u>Results for Other Health Care Institutions</u>

A survey of health plans – in terms of their internal efforts to develop EMRs and their incentives for provider adoption of such systems – is underway with the assistance of the Virginia Association of Health Plans. As well, Brenda Moore and Chris Bailey are working with the Virginia Health Care Association to gather data similar to the hospital IT survey for long term care providers.

VI.   <u>Next steps</u> – August 16 conference call

The agenda for the August 16th call will include:

- Snapshot of EMR efforts and incentives among health plans
- Additional analyses of hospital survey results
- Priorities for promoting institutional EHR interoperability